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## Genetic Determinants Involved in the Susceptibility of *Pseudomonas aeruginosa* to $\beta$ -Lactam Antibiotics<sup> $\nabla$ </sup>

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The resistome of *P. aeruginosa* for three  $\beta$ -lactam antibiotics, namely, ceftazidime, imipenem, and meropenem, was deciphered by screening a comprehensive PA14 mutant library for mutants with increased or reduced susceptibility to these antimicrobials. Confirmation of the phenotypes of all selected mutants was performed by Etest. Of the total of 78 confirmed mutants, 41 demonstrated a reduced susceptibility phenotype and 37 a supersusceptibility (i.e., altered intrinsic resistance) phenotype, with 6 mutants demonstrating a mixed phenotype, depending on the antibiotic. Only three mutants demonstrated reduced (PA0908) or increased (*glnK* and *ftsK*) susceptibility to all three antibiotics. Overall, the mutant profiles of susceptibility suggested distinct mechanisms of action and resistance for the three antibiotics despite their similar structures. More detailed analysis indicated important roles for novel and known  $\beta$ -lactamase regulatory genes, for genes with likely involvement in barrier function, and for a range of regulators of alginate biosynthesis.

*Pseudomonas aeruginosa* is an important opportunistic pathogen and a leading cause of nosocomial infections (32, 41) and is the major cause of morbidity and mortality among individuals affected by cystic fibrosis (CF) (33). Infections caused by this opportunistic pathogen are difficult to eradicate due to its high intrinsic resistance to different classes of antibiotics. Treatment of patients is further complicated by the emergence of multidrug resistance arising principally from mutations, but also through acquisition of plasmids with antibiotic resistance determinants (32, 41).

β-Lactam antibiotics are among the main antibiotics currently used in anti-pseudomonal therapy (18, 56). The killing mechanism of B-lactams is initiated by binding to cell wall transpeptidases (penicillin-binding proteins [PBPs]), thus blocking an important step in peptidoglycan biosynthesis (59). This family of antibiotics includes penicillins, cephalosporins, monobactams, and carbapenems. Resistance to β-lactams commonly results from drug inactivation by β-lactamases, drug extrusion through efflux pumps, changes in outer membrane permeability, and modification of PBPs (46). However, recent publications have demonstrated that a myriad of genetic determinants modulate susceptibility to antibiotics, aside from those responsible for typical antibiotic resistance mechanisms, like the ones described above (8, 16, 19, 52), especially when one considers mutations causing modest changes in the MIC (e.g., 2-fold). Furthermore,  $\beta$ -lactam antibiotics are known to

affect global gene expression, suggesting that the response to these drugs entails many different genes (1, 6).

To identify novel genetic determinants involved in susceptibility to  $\beta$ -lactams, we screened a comprehensive *P. aeruginosa* mutant library (31) for changes in the MICs of imipenem and meropenem (carbapenems) and ceftazidime (a cephalosporin). Our findings demonstrated that mutations in a broad array of genes belonging to different functional families can modulate the susceptibility of *P. aeruginosa* to these antibiotics. This study contributes to our understanding of how pathogens respond and become resistant to  $\beta$ -lactam antibiotics, revealing certain mutations that, because they cause modest changes in the MIC, may be missed in examination of clinical strains but likely contribute to the stepwise development of resistance in the clinic.

#### MATERIALS AND METHODS

Screening for altered susceptibility to imipenem, ceftazidime, and meropenem. A comprehensive P. aeruginosa PA14 mutant library (31) was screened for genes involved in intrinsic resistance (reduced MIC upon mutation) or reduced susceptibility (increased MIC upon mutation) to three different β-lactam antibiotics. A total of 5,850 mutants corresponding to 4,596 predicted PA14 genes were screened using the agar dilution method as previously described (8, 16, 52). Briefly, overnight cultures grown in 96-well plates in LB medium at 37°C were diluted and used to inoculate Mueller-Hinton agar plates containing the antibiotic of choice. The MIC for the PA14 wild-type strain under these conditions was 1 µg/ml for imipenem and ceftazidime and 0.25 µg/ml for meropenem. Imipenem and ceftazidime were used at 2-fold increasing concentrations ranging from 0.5 to 16 µg/ml. Meropenem was used at 0.5 and 1 µg/ml. The plates were incubated at 37°C for at least 18 h before the results were read. Mutants exhibiting at least a 2-fold increase or decrease in MIC with respect to the wild type were considered less susceptible or more susceptible to a particular antibiotic and thus revealed mutational and intrinsic resistance, respectively. The screening was repeated two more times with those mutants that showed a change in susceptibility to any of the three antibiotics used.

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**Determination of antibiotic susceptibility.** Imipenem, ceftazidime, and meropenem Etest strips (AB Biodisk, Solna, Sweden) were utilized, according to the manufacturer's recommendations, to verify the results obtained in the screening. Cultures were grown overnight in LB at 37°C and diluted in sterile 0.85% NaCl

solution to yield an inoculum of approximately  $1 \times 10^7$  CFU/ml. Mueller-Hinton agar plates were inoculated with 100 µl of this dilution, strips were placed on the surface (one strip per plate), and the plate was then incubated at 37°C for 18 h. Each set of determinations included a plate containing the wild-type strain *P*. *aeruginosa* PA14 as a control for antibiotic susceptibility, in such a way that the MICs for PA14 were repeated 124 times for ceftazidime, with a mean of 0.78 and a modal value of 0.75; 113 times for imipenem, with a mean of 0.44 and a modal value of 0.5; and 192 times for meropenem, with a mean of 0.13 and a modal value of 0.125. Given the consistency of these results, the MICs were considered the modal values of all determinations. Ceftazidime MIC values were also determined using the broth microdilution method according to CLSI guidelines (62). To detect subtle changes in susceptibility, a narrower, linear range of concentrations of ceftazidime were tested, which included 0.5, 0.75, 1, 1.5, 2, 3, 4, 6, 8, 12, and 16 µg/ml, for the mutants presenting either changes in ceftazidime susceptibility or increased levels of  $\beta$ -lactamase activity.

Determination of β-lactamase activity. Cells were grown to an optical density at 600 nm (OD<sub>600</sub>) of 1.0, harvested by centrifugation, and resuspended in 0.1 M KH<sub>2</sub>PO<sub>4</sub>-Na<sub>2</sub>HPO<sub>4</sub> (pH 7.0) buffer. Crude protein extracts were prepared by two freeze-thaw cycles, followed by sonication on ice. The β-lactamase activity was quantified spectrophotometrically by measuring the change in absorbance at 485 nm using the chromogenic β-lactamase substrate nitrocefin at 50 µM (Oxoid, Basingstoke, United Kingdom) and 0.1 M KH<sub>2</sub>PO<sub>4</sub>-Na<sub>2</sub>HPO<sub>4</sub> (pH 7.0) as the test buffer. The protein content of each extract was determined using the bicinchoninic acid (BCA) method with bovine serum albumin as a standard. *P. aeruginosa* mutants from the PA14 library (31) and the mini-Tn5-luxCDABE PAO1 mutant library (30) were utilized to confirm the antibiotic susceptibility phenotypes of mutant alleles.

**Complementation of** *algU*, *mucD*, *dacB*, and *mpl* **mutants**. The broad-hostrange cloning vector pBBR1MCS-3 (27) was utilized to clone *algU* and *mucD*. To complement the *algU* mutant, the *algU-mucABCD* region was amplified by PCR, including 111 bp upstream of the *algU* translational start site to permit transcription from the native promoter (12). For complementation of the *mucD* mutant, the *mucD* gene sequence, including 54 bp upstream containing the translational start site, was amplified. Both sequences were digested with ApaI and SacI and cloned into pBBR1MCS-3. In the case of *mucD*, transcription was enabled by the *lac* promoter in pBBR1MCS-3. The broad-host-range cloning vector pUCP27 (53) was used to clone the *dacB* and *mpl* genes, including 483 and 313 bp, respectively, upstream of the translational start sites.

**Data analysis.** Venn diagrams were generated using the Venny tool from BioinfoGP (44). Hierarchical clustering (14) was performed using freely available software (http://rana.lbl.gov/EisenSoftware.htm).

#### **RESULTS AND DISCUSSION**

Overview of the screening results. Screening of existing individual mutants in the P. aeruginosa PA14 mutant library using the agar dilution method allowed us to identify mutants exhibiting changes in MIC as small as 2-fold for each of the antibiotics imipenem, ceftazidime, and meropenem. To ensure the reliability of our results, the screening was performed independently in our two laboratories, and MICs were determined at least three times. Furthermore, the results were verified by an agar diffusion method using the Etest (62), and mutants with changes in MIC that could not be reproduced were discarded. These safeguards, together with the finding of mutations in an operon relationship (e.g., PA5001 to PA5005) and the isolation of mutations in genes for which roles in susceptibility to  $\beta$ -lactams have been described (see below), added credence to our screening. Some of the mutations might reduce the bacterial growth rate. This might be relevant for determining their antibiotic susceptibility for two reasons. Slow-growing bacteria are less susceptible to bactericidal antibiotics (29). On the other hand, the inoculum size is relevant for the activity of beta-lactams (50, 51). To address whether these issues might bias our results, the growth rates of all mutants were measured. Only 10 of the mutants presented a relevant increase in their duplication times (>50%) in comparison with the wild-type strain. Two of these mutants were excluded from further studies after Etest assays. Of the remaining eight mutants, only one (PA2797) was less susceptible than the wild type to one antibiotic (ceftazidime; MIC, 3 µg/ ml), indicating that the observed phenotypes are not just the consequence of a change in growth rate. For all selected mutants, the MICs to the three  $\beta$ -lactams were further verified by Etest. To avoid differences in inoculum sizes that might influence the assays for those mutants with changes in their growth rates, equal numbers of cells were seeded on each plate (see Materials and Methods). In a few cases, the Etest allowed the detection of changes in antibiotic susceptibility that were not evident in the initial screening. Since the Etest is a more robust method to detect small differences in MICs than doublingdilution methodologies and the results were verified in triplicate by Etest, those phenotypes were included in the results (Tables 1 and 2).

Since we wanted to analyze even small changes in susceptibility, we considered those mutants presenting reduced susceptibility to the tested antibiotics, even if the MIC did not reach the breakpoint required for the clinical definition of resistance. This so-called low-level resistance (4) is the hallmark for eventual acquisition of clinically relevant resistance to antibiotics, so that deciphering the mechanisms of low-level resistance is necessary to understand in depth antibiotic resistance in bacterial pathogens (4, 35, 36). We found that mutations in 78 different P. aeruginosa PA14 loci resulted in changes in MICs, with respect to the wild-type strain, with at least one out of the three β-lactam antibiotics we utilized in our screening (Tables 1 and 2). Of these, 41 demonstrated a reduced susceptibility phenotype (Table 1) and 37 a supersusceptibility phenotype (Table 2), with 6 mutants demonstrating a mixed phenotype, depending on the antibiotic. To identify common, as well as unique, genetic determinants that may contribute to intrinsic antibiotic resistance or sensitivity, a Boolean analysis of the results was performed and displayed using Venn diagrams (Fig. 1).

In agreement with studies examining the resistomes of other antibiotics (8, 16, 19, 52), the majority of the mutants showed a modest (around 2-fold) change in MIC. Small changes in MIC values are often not taken into consideration. However, it has been demonstrated that the accumulation of mutations with modest individual contributions to the MIC can lead to significant antibiotic resistance (5, 15, 19, 42). Furthermore, these types of mutations are likely the basis for MIC creep, which can be defined as the constant rise over time in the basal intrinsic resistance of an average isolate of a given bacterial species (55).

Overall, our results show that a wide variety of gene products modulate the susceptibility of *P. aeruginosa* to  $\beta$ -lactams. Together with similar results recently published for other antibiotics (8, 16, 19, 52), this supports the concept that intrinsic resistance to antibiotics is the result of the concerted actions of several elements (36). While it is already well established that outer membrane protein mutations, efflux, and  $\beta$ -lactamase collaborate to determine susceptibility or resistance to  $\beta$ -lactams, these studies indicate a substantial array of new elements that also modulate susceptibility.

In spite of their different spectra of activity and their differential sensitivities to various  $\beta$ -lactamases (46), imipenem,

PAO1	Conserve on New Journities	MIC (µg/ml) <sup>b,c</sup>			
PA14 no. <sup>a</sup>	Gene name and/or description	CAZ	IPM	MEM	
PA14	Wild-type strain	0.75	0.5	0.125	
PA0479	Putative transcriptional regulator, LysR family	2	1	$0.047^{e}$	
PA0667	Putative metallopeptidase	$2^d$	0.5	0.19	
PA0807	<i>ampDh3</i> ; hypothetical protein	0.75	1	$0.25^d$	
PA0908	Hypothetical protein	2	1.5	$0.25^d$	
PA0958	oprD; basic amino acids and peptides and imipenem outer membrane porin OprD	0.75	2	1	
PA1348	Conserved hypothetical protein	$1.5^{d}$	0.5	0.5	
PA14 15600	Conserved hypothetical protein	1.5	0.5	0.125	
PA14 23420	Putative zinc-binding dehydrogenase	2	0.38	0.125	
PA14 23430	Putative heparinase	2	0.38	0.125	
PA14 43090	Hypothetical protein	2	0.38	0.125	
PA14_06490	Hypothetical protein	2	0.38	0.125	
PA1553	Putative cytochrome $c$ oxidase, cbb3 type, subunit II	0.75	1	0.125	
PA2023	galU; UTP-glucose-1-phosphate uridylyltransferase	$3^d$	0.094	0.38	
PA2487	Hypothetical protein	$2^d$	0.5	0.125	
PA2621	<i>clpS</i> ; putative cytoplasmic protease	4	0.38	0.19	
PA2797	Putative anti-anti-sigma factor	3	0.5	0.094	
PA3141	<i>wbpM</i> ; nucleotide sugar epimerase/dehydratase WbpM	2	0.5	0.125	
PA3145	<i>wbpL</i> ; putative glycosyltransferase L	2	0.38	0.094	
PA3247	Putative aspartyl aminopeptidase	2	0.38	0.125	
PA3259	Conserved hypothetical protein	1.5	0.5	0.125	
PA3520	Putative periplasmic metal-binding protein	1.5	0.5	$0.38^{d}$	
PA3589	Acetyl-coenzyme A (CoA) acetyltransferase (thiolase)	2	0.5	0.125	
PA3620	<i>mutS</i> ; DNA mismatch repair protein MutS	2	0.38	0.125	
PA3667	Putative cysteine sulfinate desulfinase	3	0.75	0.125	
PA3704	<i>wspE</i> ; putative chemotaxis protein	2	0.5	$0.25^{d}$	
PA3721	<i>nalC</i> ; putative transciptional regulator	$1.5^{d}$	0.5	$0.38^{d}$	
PA4109	<i>ampR</i> ; transcriptional regulator AmpR	4	0.25	0.125	
PA4402	argJ; N-acetylglutamate synthase	3	0.38	0.19	
PA4459	Conserved hypothetical protein	1.5	0.25	0.125	
PA4527	<i>pilC</i> ; type 4 fimbrial biogenesis protein	2	0.38	0.125	
PA4550	<i>fimU</i> ; type 4 fimbrial biogenesis protein	$2^d$	0.5	0.125	
PA4748	<i>tpiA</i> ; triosephosphate isomerase	$1.5^{d}$	0.38	$0.25^{d}$	
PA4946	<i>mutL</i> ; DNA mismatch repair protein MutL	1.5	0.38	0.094	
PA5000	wapR; putative glycosyl transferase	4	0.5	$0.38^{d}$	
PA5001	Conserved hypothetical protein	3	0.38	$0.38^{d}$	
PA5002	Hypothetical protein	$1.5^{d}$	0.38	0.094	
PA5003	Conserved hypothetical protein	3	0.5	$0.25^{d}$	
PA5005	Putative carbamoyltransferase	3	0.25	0.125	
PA5038	<i>aroB</i> ;3-dehydroquinate synthase	3	0.38	0.25	
PA5192	<i>pckA</i> ; phosphoenolpyruvate carboxykinase	0.5	0.38	0.25	
PA5443	uvrD; DNA helicase II	1.5	0.5	0.094	

TABLE 1. Mutations that decrease the susceptibility of *P. aeruginosa* to  $\beta$ -lactams

<sup>a</sup> Mutant in PAO1 ortholog. Some mutaions were in PA14 genes that have no PAO1 ortholog.

<sup>b</sup> MIC determined by Etest. Changes in MICs of  $\geq$ 2-fold are in boldface.

<sup>c</sup> CAZ, ceftazidime; IPM, imipenem; MEM, meropenem.

<sup>d</sup> A change in MIC was observed only with the Etest.

<sup>e</sup> The screening revealed a decrease in susceptibility rather than an increase.

ceftazidime, and meropenem all affect cell wall synthesis by interacting with specific penicillin-binding proteins and murein hydrolases (59); therefore, we expected to identify a core set of genetic determinants involved in susceptibility to this family of antibiotics. However, the Boolean analysis of our results and hierarchical clustering of the phenotypes (Fig. 1) indicated that the overlap among the different phenotypes is minimal. Indeed, we found only one mutant with reduced susceptibility to all three antibiotics (PA0908; MICs, 2, 1.5, and 0.25 µg/ml for ceftazidime, imipenem, and meropenem, respectively) and two mutants with increased sensitivity to all three antibiotics (glnK, with MICs of 0.5, 0.25, and 0.047 µg/ml for ceftazidime, imipenem, and meropenem, respectively, and ftsK, with MICs of 0.25, 0.19, and 0.064 µg/ml for ceftazidime, imipenem, and meropenem, respectively) (Tables 1 and 2). A further 14 mutants showed reduced susceptibility to two antibiotics, and 12 showed increased susceptibility to two antibiotics (Fig. 1). Despite the structural similarities between meropenem and imipenem, there was a larger number of mutants showing decreased susceptibility to ceftazidime and meropenem than mutants with reduced susceptibility to both imipenem and meropenem (Table 1).

Mutants with reduced susceptibility and altered uptake or efflux. In our screen, there was a larger number of mutants resulting in a decrease in susceptibility to ceftazidime than to the other two antibiotics (Table 1). This suggests that *P. aeruginosa* might be more likely to develop mutation-driven resistance to ceftazidime than to imipenem or meropenem (34). This is important from a clinical perspective, since all three antibiotics are used in antipseudomonal therapy (18). For

PAO1 ortholog or	Gene name and/or description		MIC (µg/ml) <sup>b,c</sup>		
PA14 no.a			IPM	MEM	
PA14	Wild-type strain	0.75	0.5	0.125	
PA0011	Putative 2-OH-lauroyltransferase	<b>0.38</b> <sup>d</sup>	0.38	0.125	
PA0401	Noncatalytic dihydroorotase-like protein	0.38	0.38	0.064	
PA0402	<i>pyrB</i> ; aspartate carbamoyltransferase	0.38	0.38	0.125	
PA0420	<i>bioA</i> , adenosylmethionine-8-amino-7-oxononanoate aminotransferase	0.5	0.125	0.094	
PA0427	oprM; major intrinsic multiple antibiotic resistance efflux outer membrane protein	0.38	0.38	0.023	
PA0503	Putative biotin synthesis protein BioC	$0.5^d$	0.19	0.125	
PA0764	<i>mucB</i> ; negative regulator for alginate biosynthesis	0.75	0.25	0.125	
PA0766	<i>mucD</i> ; serine protease MucD precursor	0.38	0.25	0.125	
PA0770	rnc; RNase III	0.5	$0.75^{d}$	0.047	
PA1011	Putative lipoprotein	0.5	0.5	0.19	
PA1195	Putative dimethylarginine dimethylaminohydrolase	0.5	0.38	0.125	
PA14_07490/07510	Intergenic region	0.5	0.5	0.094	
PA14_59780	rcsC; two- component system kinase sensor	0.38	0.5	0.125	
PA1483	<i>cycH</i> ; cytochrome <i>c</i> -type biogenesis protein	0.5	0.5	0.125	
PA2128	<i>cupA1</i> ; fimbrial subunit CupA1	0.5	0.38	0.125	
PA2615	ftsK; cell division/stress response protein	0.25	0.19	0.064	
PA2963	Putative aminodeoxychorismate lyase	0.75	0.25	0.125	
PA2970	rpmF; 50S ribosomal protein L32	0.5	0.5	0.125	
PA3050	<i>pyrD</i> ; dihydroorotate dehydrogenase	0.5	0.25	0.094	
PA3262	<i>fklB</i> ; put. peptidyl-prolyl <i>cis-trans</i> -isomerase, FkbP type	0.75	0.25	0.125	
PA3433	Putative transcriptional regulator, LysR family	0.5	0.19	0.125	
PA3649	Putative membrane-associated zinc metalloprotease	0.5	0.25	0.125	
PA3800	Conserved hypothetical protein	0.25	0.38	0.125	
PA3818	suhB; extragenic suppressor protein SuhB	0.5	0.38	0.064	
PA3978	Hypothetical protein	0.75	0.094	0.125	
PA4005	Conserved hypothetical protein	0.75	0.064	0.094	
PA4007	<i>proA</i> ; probable $\gamma$ -glutamyl phosphate reductase	0.75	0.19	0.125	
PA4069	Putative dTDP-4-rhamnose reductase-related protein	0.75	0.25	0.064	
PA4088	Putative aminotransferase	0.25	0.38	0.125	
PA4269	rpoC; DNA-directed RNA polymerase b chain	0.5	0.5	0.094	
PA4393	Putative permease	0.75	0.25	0.19	
PA4745	nusA; N utilization substance protein A	0.75	0.25	0.125	
PA4753	Putative RNA-binding protein	0.25	0.5	0.064	
PA5130	Putative rhodanese-like domain protein	0.75	0.19	0.125	
PA5174	Putative β-ketoacyl synthase	1	0.125	0.125	
PA5288	glnK; nitrogen regulatory protein PII-2	$0.5^d$	0.25	0.047	
PA5366	<i>pstB</i> ; phosphate ABC transporter, ATP binding	0.75	<b>0.25</b> <sup>d</sup>	0.125	

TABLE 2. Mutations that increase the susceptibility of *P. aeruginosa* to  $\beta$ -lactams

<sup>a</sup> Mutant in PAO1 ortholog. Some mutaions were in PA14 genes that have no PAO1 ortholog.

<sup>b</sup> MIC determined by Etest. Changes in MICs of  $\geq$ 2-fold are in boldface.

<sup>c</sup> CAZ, ceftazidime; IPM, imipenem; MEM, meropenem.

<sup>d</sup> A change in MIC was observed only with the Etest.

many of the mutants that exhibited a decrease in susceptibility to ceftazidime alone, the mutations were in genes involved in cell wall and lipopolysaccharide (LPS) biosynthesis, as well as in genes encoding membrane proteins (*wapR* and PA5001 to PA5005) (Table 1), suggesting a decrease in antibiotic penetration as the basis for the observed increase in the MIC.

As anticipated, well-defined mutants influencing antibiotic uptake were also isolated, a result that further attests to the reliability of our screening. Nonhydrolytic resistance to thirdgeneration cephalosporins like ceftazidime often results from antibiotic extrusion through efflux pumps, such as MexAB-OprM (39, 46). Accordingly, we found that a mutation in the gene coding for the NalC negative regulator (9) of the major intrinsic multidrug efflux pump, MexAB-OprM, made *P. aeruginosa* less susceptible (Table 1) while an *oprM* mutant was more susceptible to ceftazidime (Table 2) (MICs, 1.5 and 0.38  $\mu$ g/ml, respectively). Imipenem and meropenem differ in a number of structural features and in their antipseudomonal activities, with meropenem being the more efficient of the two carbapenems (10, 18). Nevertheless, the OprD outer membrane porin serves as the major route of entry for both imipenem and meropenem, and resistance in clinical isolates is usually associated with lower expression or loss of this porin (45). As expected, an *oprD* mutant identified through our screening exhibited a decrease in susceptibility to both carbapenems (the MIC of imipenem is 2  $\mu$ g/ml, and that of meropenem is 1  $\mu$ g/ml) (Table 1).

Mutants with reduced susceptibility and altered LPS compositions. A mutation in PA5000, which encodes the WapR  $\alpha$ -1,3-rhamnosyltransferase involved in the biosynthesis of the LPS core oligosaccharide (47), made *P. aeruginosa* less susceptible to ceftazidime and meropenem (the MIC of ceftazidime is 4 µg/ml, and that of meropenem is 0.38 µg/ml) (Table 1). It was previously reported that a *wapR* mutant lacked  $\alpha$ -1,3linked L-rhamnose and therefore produced LPS with no O antigen (47). Interestingly, genes PA5001, PA5002, PA5003, and PA5005, which are part of a large LPS core oligosaccharide gene cluster, were also detected in the screen for reduced



FIG. 1. Global analysis of the mutants that exhibited a decrease or an increase in susceptibility to at least one  $\beta$ -lactam. Abbreviations for antibiotics are as follows: IPM, imipenem; CAZ, ceftazidime; and MEM, meropenem. (A and B) Venn diagrams resulting from a Boolean analysis of the phenotypes of the mutants. (A) Venn diagram created with mutants showing a decrease in susceptibility to at least one  $\beta$ -lactam. R stands for "resistant" mutants. (B) Venn diagram created with mutants showing an increase in susceptibility to at least one  $\beta$ -lactam. S stands for "sensitive" mutants. (C) Analysis of the association of the phenotypes of the different mutants. The analysis was performed by hierarchical clustering of the MIC fold changes shown in Tables 1 and 2. The green bars stand for mutants with an increase in susceptibility; the red bars stand for mutants with a decrease in susceptibility. The heat map was constructed by using Cluster and TreeView software (14).

susceptibility to ceftazidime, and some mutants were cross resistant to meropenem (25) (Table 1). The increase in the MIC (3 µg/ml with ceftazidime and 0.38 µg/ml with meropenem), due to an insertion in PA5001, a putative glycosyltransferase gene, observed with the Etest was also confirmed in broth dilution assays (a 3-fold increase in the ceftazidime MIC versus the PA14 wild type). The respective PAO1 mutant from the mini-Tn5-*luxCDABE* mutant library (27) also showed a 2-fold increase in MIC versus the PAO1 wild type. Other genes involved in LPS biosynthesis that led to increased ceftazidime MIC values were *wpmM* (PA3141; 2 µg/ml), *wbpL* (PA3145; 2 µg/ml), *wspE* (PA3704; 2 µg/ml), and *galU* (PA2023; 3 µg/ml) (Table 1). Alterations in LPS composition might affect outer membrane barrier properties and hence antibiotic penetration, thus reducing their efficacy (17, 21).

Mutations in genes that affect β-lactamase production. We were particularly interested in identifying novel genes that are involved in the regulation of the Pseudomonas chromosomally encoded, inducible AmpC <sub>β</sub>-lactamase. Thus, mutants that showed an increased ceftazidime MIC on agar and in microdilution MIC assays, with the exception of mutants with a previously described mutator phenotype (63), were tested for β-lactamase overexpression. Table 3 shows the mutants with 2-fold or higher β-lactamase activity compared to the wild-type strain. Four of the PA14 high-level β-lactamase-producing mutants (PA0090, PA2023, PA2989, and PA3589) were found only in the PA14 background but could not be confirmed with mutants in the PAO1 background (data not shown). β-Lactamase overproduction in the respective PA14 mutants might be due to an accumulation of secondary mutations in these strains, and consistent with this interpretation, the PA2023 (galU) and PA3589 mutants had elevated mutation frequencies (data not shown). Alternatively, this may result from differences in the insertion point of the transposon or as a consequence of the different genetic backgrounds of the PAO1 and PA14 strains. The fact that intrinsic resistance has some degree of strain specificity is supported by other studies (11, 13) and by the findings from our screen of elements that contributed to the β-lactam resistome of P. aeruginosa PA14 but were absent in the genome of strain PAO1 (Tables 1 and 2). Four transposon mutants, ampR, ampD, dacB, and mpl, were found to lead to β-lactamase overproduction in both P. aeruginosa strains.

Deletion mutant PA no.	Gene	Gene description	Specific β-lactamase activity <sup>a</sup>		Fold increase in β-lactamase activity <sup>b</sup>	
			PA14	PAO1	PA14	PA01
PA14 wild type			4.9		1	
PAO1 wild type				6.9		1
PA3047	dacB	D-Alanyl-D-alanine carboxypeptidase, PBP4	110	274	22	40
PA3047 (pUCP27- $dacB^+$ )		Complemented <i>dacB</i> mutant	3.8		0.7	
PA4020	mpl	UDP-N-acetylmuramate:L-alanyl-gamma-D- glutamyl-meso-diaminopimelate ligase	96	168	19.5	24
PA4020 (pUCP27-mpl <sup>+</sup> )		Complemented <i>mpl</i> mutant	7.3		1.5	
PA4109	ampR	Transcriptional regulator AmpR	257	111	52	16
PA4522	ampD	N-Acetyl-anhydromuranmyl-L-alanine amidase	31	74	6.4	11

TABLE 3. P. aeruginosa mutants with reduced ceftazidime susceptibility and increased β-lactamase activity

<sup>a</sup> Expressed as nmol nitrocefin hydrolyzed/min · mg protein.

<sup>b</sup> Fold change of the mutant in comparison with its wild-type parental strain.

AmpR has been identified in all bacteria with inducible AmpC β-lactamase expression, including P. aeruginosa. Anhydromuropeptides that accumulate on induction with  $\beta$ -lactam antibiotics or during perturbation of the peptidoglycan-recycling pathway (*ampD* mutations) turn AmpR into an activator of transcription (2, 61). It has been shown that both the ceftazidime-resistant PA14 ampR and the PAO1 ampR mutants produced significantly higher (16 to 52 times) levels of  $\beta$ -lactamase (26) (Table 3). The increased  $\beta$ -lactamase activity of these mutants has been attributed to increased production of the β-lactamases AmpC (40) and PoxB (26). Since production of high levels of PoxB does not change ceftazidime susceptibility (20), we conclude that the increased ceftazidime MIC in the ampR mutants (3-fold in PA14) (Table 3) might be explained by increased production of AmpC β-lactamase. Besides reduced susceptibility to ceftazidime, the strain PA14 ampR mutant showed an increase in imipenem susceptibility (Table 1). Data from Moya et al. for strain PAO1 are in agreement with this finding (40). Since we found that the PA14 poxB mutant had no alteration in susceptibility to either imipenem or meropenem (data not shown), the observed increase in susceptibility to carbapenems might be due to other genes regulated by AmpR, a hypothesis that is supported by the role of AmpR as a global regulator in P. aeruginosa (26).

As expected (24), strain PA14 and PAO1 ampD mutants overproduced the AmpC β-lactamase (6.4-fold and 11-fold, respectively). P. aeruginosa encodes three AmpD homologs in its genome that contribute to AmpC induction, likely by increasing the amounts of the inducing ligand for AmpR (24). In our screen, the ampDh3 mutant was determined to be less susceptible to imipenem (MIC, 1 µg/ml) (Table 1) and meropenem (MIC, 0.25  $\mu$ g/ml) (Table 1) than the wild-type strain, again pointing to the fact that AmpR might be involved in regulating carbapenem susceptibility genes. Although the hydrolysis of imipenem and meropenem by P. aeruginosa AmpC is below the limits of detection (48), and it has been stated that AmpC alone does not account for the increased susceptibility to carbapenems observed in a mutant that overproduces the MDR efflux pump mexCD-oprJ (64), it has also been shown that this  $\beta$ -lactamase can contribute to intrinsic resistance by its interplay with other mechanisms, such as the permeability of the outer membrane and the activity of the MDR efflux pumps (38, 43). Thus, the possibility that AmpC, in cooperation with other elements, might play a role in the observed reduced susceptibility to carbapenems of this mutant cannot be ruled out.

A recent study showed that deletion of the nonessential penicillin-binding protein PBP4, a D-alanyl-D-alanine carboxypeptidase encoded by PA3047 (*dacB*), triggers overexpression of *ampC* (40). In agreement with this report, we found that a *dacB* mutant was less susceptible to ceftazidime, with a MIC of 6 µg/ml versus the 2 µg/ml of wild-type PA14 (determined by broth microdilution using a linear range of concentrations; see Materials and Methods), and led to 22- to 40-fold-increased  $\beta$ -lactamase activity (i.e., greater than an *ampD* mutant). Furthermore, we found that this change in the levels of  $\beta$ -lactamase activity could be complemented with the cloned *dacB* gene (Table 3). Consistent with this complementation, the MIC of ceftazidime was restored to the levels of the wild-type strain, 2 µg/ml, upon complementation. Since it was not

known whether other nonessential PBPs also contributed to AmpC overproduction in *P. aeruginosa*, we determined the  $\beta$ -lactamase activities of the PA14 mutants *pbpG* (PA0869), encoding a D-alanyl-D-alanine endopeptidase, and *dacC* (PA3999), a second D-ala-D-ala-carboxypeptidase. Both mutants showed  $\beta$ -lactamase activities comparable to that of the wild-type strain (data not shown).

Disruption of the gene PA4020 (mpl) caused a small increase in the ceftazidime MIC (3 µg/ml) in comparison with the wild-type strain  $(2 \mu g/ml)$  and an approximately 20-fold increase in β-lactamase activity in both PA14 and PAO1. Susceptibility to ceftazidime and β-lactamase activity were restored to the levels of the wild-type strain by reintroducing the mpl gene on a multicopy plasmid. Mpl is a UDP-N-acetylmuramate:L-alanyl-gamma-D-glutamyl-meso-diaminopimelate ligase, an enzyme that is active in the peptidogylcan-recycling pathway. In an Escherichia coli mpl mutant, a 1.7-fold decrease in the level of the UDP-MurNAc-pentapeptide pool was observed compared to the wild type (23). In Citrobacter freundii, in vitro transcription assays demonstrated that this murein precursor acts as a repressing ligand for AmpR (57). It has been suggested that a similar situation might occur in P. aeruginosa (32, 40). However, no experimental evidence had been provided. The substantial overproduction of the AmpC β-lactamase in the P. aeruginosa mpl and ampR mutants, as seen in this study, supports these suggestions (32, 40), indicating that P. aeruginosa AmpR might be regulated through the peptidoglycan-recycling pathway, as in the case of C. freundii (57).

Mutants showing increased susceptibility to β-lactams. One of the two mutants showing an increase in susceptibility to all three antibiotics was the *ftsK* mutant (MICs, 0.25, 0.19, and 0.064 µg/ml for ceftazidime, imipenem, and meropenem, respectively) (Table 2). FtsK is a multidomain protein involved in cell division and possibly in the final stages of peptidoglycan biosynthesis (60). The hypersusceptibility phenotype is not exclusive to β-lactams, as a *P. aeruginosa ftsK* mutant has been shown to be more susceptible to other families of antibiotics (8, 13). PA0011 encodes a putative 2-OH-lauroyltransferase involved in lipid A biosynthesis and is a homolog of *E. coli* LpxL. Susceptibility to ceftazidime (MIC, 0.38 µg/ml) (Table 2), therefore, might be due to an increase in the cell permeability, since an increase in antibiotic susceptibility has also been reported in an *E. coli* lpxL mutant (58).

The number of mutants more susceptible to ceftazidime was comparable to the numbers obtained with imipenem (Fig. 1). The former included a mutant in *rcsC* (MIC, 0.38  $\mu$ g/ml) (Table 2), which encodes a sensor kinase that forms part of the Rcs phosphorelay found in a number of pathogenic bacteria (22). In *E. coli*, the Rcs pathway responds to damage to the peptidoglycan layer and contributes to intrinsic resistance to  $\beta$ -lactams (19, 28). According to our data, this system might have a similar function in *P. aeruginosa*.

**Mutations in genes involved in alginate production.** *P. aeruginosa* CF isolates often bear mutations leading to overproduction of alginate exopolysaccharide that result in a highly mucoid phenotype that is proposed to contribute to the viscous mucus in the lungs of individuals with CF (33). The expression of genes required for alginate production is under the control of the alternative sigma factor AlgU (49). MucA and MucB negatively regulate AlgU by sequestering it until the appropri-

TABLE 4. Imipenem MICs for *algU*- and *mucD*-complemented strains

Strain	MIC <sup>a</sup> (µg/ml)
Wild type	0.5
Wild type(pBBR1 MCS-3)	0.5
algU	0.38
algU(pBBR1 MCS-3)	0.38
algU(pBBR-algU)	0.5
mucD	0.25
mucD(pBBR1 MCS-3)	0.25
mucD(pBBR-mucD)	0.5

 $^{a}$  MIC determined by Etest in triplicate. The Mueller-Hinton plates contained tetracycline at 20  $\mu$ g/ml for plasmid maintenance.

ate environmental signals cue alginate biosynthesis (49). In addition, AlgU is negatively regulated by the periplasmic serine proteases MucD and AlgW (7). Predictably, mucA, mucB, mucD, and algW mutants overproduce alginate when grown under the appropriate conditions (7, 49). In our screen, mutants in algU, mucB, mucD, and algW were found to be more susceptible to imipenem. The phenotypes of mucB and mucD mutants were confirmed by Etest assays (MIC for both, 0.25  $\mu$ g/ml) (Table 2), whereas *algU* and *algW* mutants presented a consistent reduction in their MIC values that was below the threshold used in our study. As mucA and mucC mutants are not available in the PA14 mutant library, we did not screen their phenotype. Confirming the involvement of these determinants in the susceptibility to imipenem of P. aeruginosa, expression of cloned algU (from its native promoter) and mucD restored the imipenem MICs for the corresponding mutants to that of the wild type  $(0.5 \,\mu\text{g/ml})$  (Table 4). It is known that cell wall-inhibitory antibiotics induce alginate biosynthesis through a mechanism that requires AlgU (1, 65). The small, yet consistent, increase in susceptibility to imipenem exhibited by the algU mutant is in agreement with these studies. The results obtained with the mucB and mucD mutants suggest that this is a complex signaling mechanism that requires the release of AlgU at the appropriate time upon signal recognition. The constant availability of AlgU might interfere with the ability of cells to respond to cell wall damage through altered expression of genes. Interestingly, mucoid clinical isolates have been shown to be more susceptible to some antibiotics (3), and in agreement with our data, a recent study reported the hypersusceptibility of a mucB mutant to a variety of antibiotics (13).

**Conclusions.** Bacteria presenting low-level susceptibility to antibiotics (intrinsic resistance) are a relevant clinical problem. Understanding the mechanisms involved in such resistance, as well as the potential to achieve mutation-driven reduced susceptibility to antibiotics, is a relevant task to fight infections by these microorganisms and to predict the possibility of emergence of resistance (35). This might be particularly relevant for organisms like *P. aeruginosa* that produce chronic infections during which resistance is acquired through mutations (37, 54). Because of this, a number of studies have been recently published on the resistome of *P. aeruginosa* to different families of antibiotics (8, 16, 19, 52). Here, we have presented data on the intrinsic and mutational resistome of this bacterial species to  $\beta$ -lactams. While we found mutants that displayed a decrease or an increase in susceptibility to at least two  $\beta$ -lactams, our

results suggest that each antibiotic used in this study has a distinct effect on P. aeruginosa and that many determinants modulate the susceptibility to these antibiotics in this opportunistic pathogen. They include a number of mutants with mutations in genes involved in cell wall and LPS biosynthesis, mutants with mutations in genes coding for transporters or efflux determinants, and mutants with altered expression of chromosomally encoded *β*-lactamases. Interestingly, some of these mutants were also less susceptible to tobramycin (52), indicating that intrinsic resistance to antibiotics lacks specificity to some degree. This is particularly important for CF patients, since current treatment of advanced lung disease often comprises combination therapy of tobramycin associated with a β-lactam (56), and mutations causing coresistance to both antibiotics might be relevant in this situation. The increase in susceptibility observed with the muc mutants is also interesting, given that chronic infections caused by mucoid P. aeruginosa are characterized by resistance to antibiotic treatment (33).

Together with previously published studies of other antibiotics (8, 16, 19, 52), our results for the  $\beta$ -lactam resistome indicate that the intrinsic and mutational resistomes of *P. aeruginosa* involve a wide array of elements. The fact that mutations in dozens of genes reduced susceptibility to  $\beta$ -lactam antibiotics also indicates that this bacterial species has a high potential to evolve toward resistance.

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